

THE JOURNAL

OF THE NEW MEXICO MEDICAL ASSOCIATION

Published Quarterly Under Direction of the Council

G. W. HARRISON, Editor

G. S. McLANDRESS, Associate

J. H. WROTH, Consulting Editor

Vol. I, No. 2

ALBUQUERQUE, N. M., SEPTEMBER 15, 1905

Subscription \$1.00 Per Year
Single Copies 25 Cents

CONTENTS

EDITORIAL.

Medical Reciprocity	5
Organization	6
Ethical Advertising	7

ORIGINAL PAPERS.

The Municipal, Etc.—Dr. Ellerbrock	7
Hemorrhagic Typhoid—B. D. Black, M. D.	10
Gastro-Enteric Intox, Etc.—J. R. Gilbert, M. D.	15
Treatment of Peritonitis, Etc.—G. C. Bryan, M. D.	17
What Shall Constitute the Essentials of a Maternity Packet—J. H. Wroth, M. D.	28
General News	22-29
County Societies	30-33

THE NEW MEXICO MEDICAL ASSOCIATION

OFFICERS:

President, P. G. CORNISH.....	Albuquerque
First Vice-President, THOMAS B. HART.....	Raton
Second Vice-President, WM. E. PARKHURST.....	Roswell
Third Vice-President, S. M. LANE.....	Silver City
Secretary, R. E. McBRIDE.....	Las Cruces
Treasurer, H. M. SMITH.....	Las Vegas
Council { W. R. TIPTON.....	Las Vegas
{ G. W. HARRISON.....	Albuquerque
{ S. D. SWOPE.....	Deming

AFFILIATED SOCIETIES

Las Vegas
Bernalillo County
Chavez County
Grant County
Dona Ana County
Yuma County
Otero County

O. W. Strong's Sons

F. H. STRONG
H. O. STRONG



Funeral Directors

Undertakers & Embalmers

Western College of Embalming ¶ U. S. School of Embalming,
New York ¶ Massachusetts School of Embalming
¶ Champion College of Embalming

201-211 North Second St.

ALBUQUERQUE



Hello! Hello There--

Have you the Stein-Bloch
Ready-to-Wear Clothes?

Yes.

I'll be down and look at a
suit in a few minutes. They
always fit me.

AGENTS FOR: Cluett's Fine Shirts;
Walkover Shoes; Earl & Wilson Col-
lars and Cuffs; Johnston & Murphys
Fine Shoes. Mail orders promptly filled

E. L. WASHBURN CO
ALBUQUERQUE, NEW MEXICO

B. RUPPE

PRESCRIPTION PHARMACIST

A FULL LINE OF

**Parke Davis', John Wyeth's
Merrell's Pharmaceuticals**

**FOR
PRESCRIPTION COMPOUNDING**

Diamonds
Opals, Locketts
Wedding and
Engagement Rings
Peridots
Fine Watches
and Clocks
Sunbursts
Chains, Charms
Fine Jewelry
Pearls, Bracelets
Turquoise
Gold Headed
Canes
Brooches
Fine Art Placques
and Statuary

H. E. FOX

New Mexico's

Leading Jeweler



THE ARCH FRONT

115 S. Second St. Albuquerque, New Mexico

¶ We make a specialty of fine Watch and Jewelry Repair Work, Stone Setting, etc.

¶ Mail Orders solicited and satisfaction guaranteed.

¶ On all watch work sent in by express, we pay charges one way.

WITH AMPLE MEANS AND UNSURPASSED FACILITIES

Bank of Commerce

OF ALBUQUERQUE, NEW MEXICO

Extends to depositors every proper accommodation
and solicits new accounts. Capital, \$150,000.00

OFFICERS AND DIRECTORS

Solomon Luna, President W. S. Strickler, Vice President and Cashier
W. J. Johnson, Assistant Cashier William McIntosh
George Arnot J. C. Baldrige A. M. Blackwell O. E. Cromwell

DEPOSITORY OF ATCHISON, TOPEKA & SANTA FE RAILWAY

GEO. B. WILLIAMS

F. W. SCHMALMAACK

The Williams Drug Co..

Prescriptions Always Compounded by a
Member of the Firm

117 W. RAILROAD AVE.

ALBUQUERQUE, N. M

THE JOURNAL

OF THE

New Mexico Medical AssociationPublished quarterly under direction of the Council on the
15th day of June, September, December, March.

Office of Publication, 200 Railroad Avenue, Barnett Block, Albuquerque

Owned and published by New Mexico Medical Association.
 Subscription rate \$1.00 per year.
 Advertising rates on application.
 Rates for reprints furnished on application.
 All matter for publication must be type-written.
 Address all communications to DR. G. S. McLANDRESS
 Barnett Block, Albuquerque, N. M.

EDITORIAL.**MEDICAL RECIPROCITY.**

The recent action of the New Jersey Board of Medical Examiners in refusing to recognize licenses granted by the Medical Examining Board of the State of New York, brings to the front again the manifest failure of the average examination laws, as now framed, to provide for the legitimate exchange of courtesies between States.

This action was brought about by the refusal of the New York authorities to recognize licenses of the New Jersey Board, and was necessarily an act of self-preservation.

The New York Medical Journal, in commenting on the action, states frankly, that the New York Board is in the wrong, as the New Jersey standard is as high if not higher, covering more subjects, than that of New York.

The question of so arranging the requirements for medical practice so that State lines will not make a sharp distinction in the attainments of the applicant, seems to be as far from solution as ever.

It has been hoped by the great mass of the profession, that by examination the status of the profession in its relation to the public might be improved, and that some progress be made toward

preventing the horde of unprincipled practitioners from deluding the ignorant and unwary.

Unbiased investigation of the localities enjoying the examination system, where a diploma confers but the right to present ones self before a Board, does not show practical results; on the contrary, quackery seems to flourish as well as in less favored localities.

Feeling among the profession does not seem to be enthusiastic over the examination system, partly from the tendency of the Boards to consider their standard a modern procustean bed, and partly from an unformed feeling that there are elements of injustice in its application.

In all examination laws the reciprocity question has been broached as offering a hope for standard examinations, but local feeling of a lingering remnant of the old theory of State rights and sovereignty, with possibly a taint of "I'm holier than thou," have combined to prevent any practical application of the idea.

Again, no provision is made for the mature practitioner, who graduating before technical and laboratory work were developed, has gone into Nature's Post Graduate School, and thereby acquired an experience both diagnostically and therapeutically that comes only with years of practical study; the question of technical knowledge versus practical experience, is decided by the law in favor of the former, on the same grounds that might apply to an engineer or contractor, forgetting that our profession deals not with dead, but with living matter. We all recollect the description of the shrewd old practitioner given by Holmes in "Erie Vener" and were we ourselves the patients such as he would be our medical advisor if we had any voice in the selection,

yet it is extremely doubtful if he could have stood the test of an examination.

In this matter we are between the devil and the deep sea; we cannot accept in toto a diploma as a criterion of ability, since the smallest college, run for revenue only, would be the peer of any.

Examinations are open to the charge of injustice, and, we regret to say, bringing into the field political "pull."

We can however, if the profession as a mass, an integral whole, demand it, prevail upon the States to abandon the licensing question to the National Government.

Some law, modeled in part like that suggested by Dr. Rodman, could be passed by congress, having boards from the three Government services at various convenient points, assembled at stated times, giving rejected material the right to appeal to the respective Surgeons General. Let this examination be based on lines similar to those for entrance into the Army and Navy, giving experience its proper rating as compared with mere technical knowledge, and licenses granted to be good over the entire country, subject to another examination ten years later, the passage of this last to entitle the holder to a life license.

This may be termed Utopian, but nothing can ever be attained unless we go after it, and many every day utilities were likewise considered Utopian. It may be said that the States could not give up their rights to the General Government; this could be remedied by the assent of the class affected by such legislation. This idea, however, can only be realized by the entire profession acting as a whole, and by the selfish and mercenary being willing to stand aside for the good of the majority.

If some such plan does not come to

the front soon, or some plan intended to remove the visible defects of the examination system, the pendulum will swing to the other extreme, and we may experience a period of unregulated licensing that will bring shame and disgrace upon us.

J. H. W.

ORGANIZATION.

The spirit that permeates the medical profession today in the United States of America is for organization.

The most factor and the real unit of the plan of organization, and of reorganization, is the county society. That is the grand portal through which each worthy physician must enter into the fold. It is the gateway to the State Association, and then to the American Medical Association.

The County Society is the most important of the three! Let us make the County Society a power for good for the profession and for the community. Each county in New Mexico should have a good, active, harmonious society. Brethren, it is for your own good. The members of all other professions and trades organize. They organize for their own protection, and "for the good of the people." For the benefit of the general community.

Every qualified and reputable physician in New Mexico should, and must, be a member of the New Mexico Medical Association.

The purposes of this association are "to federate and bring into one compact organization the entire medical profession of New Mexico; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and

foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life."

ETHICAL ADVERTISING.

During the recent meeting at Portland more than an ordinary interest was manifest in the cause of Ethical Advertising, and a number of papers were read decrying the tendency of our journals to accept and publish advertisements of nostrums and patent medicines.

It is high time that something be done to expurgate our journals of these flaring impositions which nauseate professional instinct and stifle an interest that might otherwise beam with attention.

There is little doubt but that when certain contracts expire, there will be a number of these indolent ulcers on the journalistic body go begging for space to show in any reputable copy.

It will be the policy of this journal to accept nothing for publication or advertisement which savors of the "queer," and our readers may rest assured that it is our determination to embellish these pages with nothing but that which is good, clean and wholesome.

This year the Lane Medical Lectures at Cooper Medical College, San Francisco, were given by Sir Patrick Mason, K. C., M. G., R. R. S., the subject being "Tropical Diseases." There was a large attendance and the lectures were thoroughly instructive and enjoyed.

THE MUNICIPAL LABORATORY, AND ITS USES

Paper Read by Dr. Ellerbrock at the Luna County Medical Convention.

Within the past few years various municipal governments have established well equipped bacteriological laboratories, where physicians may take advantage of the aid afforded by the many modern scientific diagnosis tests.

Among the most useful of these may be mentioned the bacterial test for diphtheria.

It is hardly necessary to remind you that many fibrinous, as well as other inflammations of the throat and air passages are due to the presence of a specific germ called the diphtheria bacillus. This bacillus may be easily recognized when present in the inflamed respiratory tract by means of a very simple method. This method is based upon the fact that when the germs of diphtheria is placed upon the slanted surface of coagulated blood serum, within a sterile test tube, that a rapid reproduction of the organism takes place, even to the exclusion of other bacteria if present.

Paper boxes containing a sterile cotton swab, and tube of coagulated serum are placed at various points convenient to physicians. In a case of suspected diphtheria, the cotton swab is gently rubbed over the surface of the inflamed portions of the throat and tonsils and this swab, containing the secretions of the throat, is then smeared over the surface of the inflamed portions of the throat and tonsils, and this swab, containing the secretions of the throat, is then smeared over the surface of the blood serum. The tubes are then returned to the laboratory and placed in an incubator, maintained at the ten-

perature of the human body (about 36 degrees C.) and are allowed to grow for twelve hours. At the end of this time, if the bacillus of diphtheria be present, it makes its appearance on the surface of the serum as numerous yellow, small, elevated dots, or a more diffuse, homogeneous growth, consisting of many thousands of individual bacteria. These collections are called colonies. A small portion of one of these colonies is then transferred to a glass needle, and spread out on a large area by means of dilution in a drop of water. After drying, the specimen is stained by means of an aniline called Loeffler's Methylene blue, and the slide, containing the bacteria, is then ready for microscopical examination. The bacillus of diphtheria can be easily recognized, if present, owing to its characteristic staining properties. This organization will only take up the stain at either end of its body, while all of the other bacteria present will stain throughout their entire extent. The diphtheria germ, therefore, stands out as a light blue rod with club shaped ends, and can always be differentiated from any other bacterium present.

At times, however, in normal throats there exists a germ called the pseudo diphtheria bacillus. This differs from the true diphtheria bacillus in possessing pointed ends, in staining regularly and in its failure to kill Guinea pigs after inoculation. After growth for 24 hours in this medium it may be absolutely distinguished from the real organism by its failure to produce an acid in solution of sugar in beef tea. The diphtheria germ causes the production of an acid, which can readily be discovered by simply placing a small drop of fluid on a piece of blue litmus paper. The latter will, of course, turn red in the presence of the acid, and re-

main unchanged by the fluid culture of the pseudo-diphtheria bacillus. This organism can usually be easily distinguished from its more dangerous cousin by its regular staining, and pointed ends, and no further experiments are necessary.

Thus the physician is enabled to secure an accurate diagnosis 12 hours after his first visit. This is not only useful in regard to the treatment of doubtful cases, but it is also of value in affording a means of isolating cases of diphtheria until the throat is free from germs, and all danger of infecting the surrounding community is over.

A number of observers have pointed out the fact that diphtheria is often spread by means of the convalescent. The germs of this disease often remain in the throat for several weeks after all signs of the disease have disappeared. These bacteria are often virulent, even after so long an existence in the healing tissues, and are capable of causing the death of a Guinea pig. Individuals possessing such dangerous organisms can easily infect other persons either through the practice of kissing, or by means of the various irresponsible acts of children. The practice of transferring candy, slate pencils, etc., from the mouth of the convalescent to that of a healthy child. Diphtheria, therefore, in most cases, must be caused by the actual transference of the bacillus from one throat to another, often by means of some immediate infected agent. These, and many other possibilities of infection rendered it absolutely necessary that several careful bacteriological examinations should end in negative results, before the patient is allowed to mingle with the public.

At times, simple inflamed throats, or even typical attacks of follicular ton-

silitis, are due to diphtheria bacillus, and these conditions can only be accurately diagnosed by means of the microscope.

One of the most characteristic results of the presence of the bacillus of diphtheria in the respiratory tract is the formation of a grayish membrane. This can be merely present on the tonsils, or it may involve the entire tract, and even cause death from suffocation from narrowing the lumen of the trachea or windpipe. This membrane consists of fine interlacing threads of a material fibrin including within its meshes many pus cells and numerous diphtheria bacilli. The latter not only bring about local changes, but they form a powerful poison at this area of local inflammation, which is absorbed, and carried into the circulation. This poison, or toxin is perhaps the most frequent cause of death in neglected diphtheria.

The production of a toxin, or poison, by the diphtheria bacillus has been mentioned. This toxin has been secured in a concentrated form by means of the following procedure: Large flasks of sterile beef tea are inoculated with a pure culture of the diphtheria germ, and this fluid is allowed to remain for from ten to thirty days. By this time a large deposit has taken place in the fluid consisting of myriads of bacteria. This fluid is then filtered through unglazed porcelain, and the clear filtrate is found to contain a very powerful poison in solution, capable of causing death of guinea pigs in very small doses. About 0.015 of one cubic centimeter would kill a guinea pig weighing 300 grams. Roughly speaking, about three cubic centimeters would kill a man weighing 70 kilograms, or 140 pounds.

This fluid is now injected into the tissues of a healthy horse, beginning with doses as small as 0.5 of one cubic centimeter. This dose is gradually increased until in about 80 days the animal can stand a dose as large as 250 cubic centimeters, or about one-fourth of a quart. The animal is then immune, or incapable of contracting diphtheria, and the blood serum of such an animal is capable of protecting other animals against the poison of diphtheria, even after the disease has become established. This blood serum forms the clinical remedy known as "antitoxin" and is merely made by withdrawing the blood of the horse from the jugular vein, and allowing the serum to separate from the clot. The fluid is then put into small bottles, and with the addition of some antiseptic is marketed as a cure for diphtheria.

The results of this remedy, as used by hypodermic injection, have been most gratifying, and numerous tables can be cited to show the great reduction in the mortality from diphtheria, which has followed the use.

The American Pediatric society have lately published a report upon 3384 cases of diphtheria treated with antitoxin, in which the mortality was only 13 per cent. The New York Health Board statistics shows a mortality of 17 per cent, while Chicago only gives 6.4 per cent; Welch tables give a mortality of about 17 per cent in 7000 cases. These figures are compared to a mortality of about 50 per cent previous to the use of antitoxin, and are very striking.

Let us close with a quotation from Welch's article. He says: "Antidiphtheria serum is a specific curative agent for diphtheria and it is the duty of the physician to use it."

HEMORRHAGIC TYPHOID — TYPHOID PAROTITIS—RECOVERY.

B. R. Black, M.D., Las Vegas.

About 6 per cent of typhoid fever cases, according to Osler, show intestinal hemorrhage; but the type known as hemorrhagic typhoid (hemorrhagic putrid fever of Trousseau) is of such relative infrequency that the following case history is not without interest:

J. R. H., married, no children, age 38 years, Scotch, eleven half brothers and sisters, all well. Mother dead, cause unknown. Father died at the age of 59, "bronchial" trouble. No history of hemophilia or syphilis.

Personal History—Negative up to two years ago, when he suffered an attack of bronco-pneumonia. A few months following this trouble he developed acute pulmonary tuberculosis and came West. For past six months no symptoms of active trouble, no cough or expectoration, weight normal. Temperature and pulse normal. Has always been total abstainer. No history of syphilis.

History of Present Illness—For ten or twelve days has complained of headache, backache, persistent hacking cough, languor, almost complete anorexia, diarrhoea the past seven days. Epistaxis on three occasions the past four days. Became so ill four days ago that he sought his bed and called a physician, who diagnosed "la grippe."

Examination—Well developed, well nourished man, weight 190. Tongue tremulous, covered with a dirty brownish coat. Marginal indentations from teeth. Temperature 104, pulse 84, good rhythm and volume. Vessels normal. Chest—Slight fullness on percussion over right apex, extending down to second rib, no rales; otherwise negative.

Heart sounds, normal. Abdomen—A well developed crop of rose spots, tympanities moderate, gurgle and tenderness on pressure in right iliac fossa, spleen palpable. Stools pea soup in character, 8 to 10 in twenty-four hours.

Diagnosis—Typhoid fever—10th to 12th day of illness.)

A trained nurse was placed in charge, and the following treatment carried out: An initial purging with castor oil, ounces two. Liquid diet every four hours, milk, beef juice (fresh made) plain broths, or albumin water. Cold sponging for temperature of 102 or over, as required. An enema of sterile water, twice daily, morning and evening. Acetozone, saturated solution, ounces eight, every three or four hours.

From April 12th to 19th, the progress of the case was very satisfactory. Abdomen less tympanitic, diarrhoea was less marked, mental condition good and the temperature easily controlled by sponging. (See chart.) Pulse averaged 84 to 90.

April 17th, 12 noon, the pulse suddenly jumped to 108 without any discernable cause. (Later events would make it appear that the first intestinal oozing took place at this time.

April 19th, 5 p. m., the first intestinal hemorrhage took place, profuse, no clots, blood dark coffee ground.

April 20th, stools dark brown, but no clots.

April 21st, intestinal hemorrhage same. Persistent vomiting began. Vomitus claret colored, no clots; marked oozing from gums, mucous membranes of mouth, tongue, nose and throat. Blood appeared in the urine.

April 22nd, all conditions practically same, except the appearance of a few clots in stools. (Examination of the urine, made on this day, revealed a trace of albumin, under the microscope a

few blood and epithelia casts and large number of blood corpuscles.)

April 23rd, less blood in urine. Old blood in stools, no clots.

April 24th, vomiting controlled, urine less bloody and intestinal hemorrhage less. Left parotid gland swollen. On right leg and foot, a number of purpuric spots developed, dime to quarter in size.

April 25th, copious intestinal hemorrhage, marked tympanities, purpura involved the entire right leg to hip, and pressure points on posterior surface of body. (Hypodermic punctures, and punctures for subcutaneous saline solution were followed by extravasation of blood into skin and subcutaneous tissues.

April 26th, urine shows slight tinge of blood. Less blood in stools. Right parotid gland swollen.

April 27th, both parotids greatly swollen. Stools pea soup, no blood in urine. Oozing from mouth, nose and throat ceased.

April 28th and 29th, no blood in stools or urine.

April 30th, copious intestinal hemorrhage. Urine clear, swelling in parotids subsiding.

May 1st, some blood and clots in stools.

May 2nd, stools dark, no clots. Parotids practically normal.

May 3rd, stools and urine clear of blood.

April 19th to 24th, subsultus tendinum was present. Delirium was of active type, but not violent; but with the development of the parotitis the subsultus became very marked and the delirium took on the low muttering type.

Treatment—April 19th to May 1st. Acetozone was stopped immediately when hemorrhage appeared. Tepid sponging was substituted for cold.

Diets consisted chiefly of albumin, barley or rice water. Iced champagne was used in small quantities, frequently repeated.

Ergot, hamamelis, aromatic sulphuric and gallic acids were used with no apparent benefit. Turpentine, adrenaline, gelatine or calcium chlorid were not tried.

Subcutaneous injections of normal saline solution did their work well in filling up the vessels after the most severe hemorrhages.

On April 30th, when the patient's condition was most desperate, when a fatal termination seemed imminent and unavoidable, during an interval of fourteen hours, three subcutaneous injections of one quart each were given and readily absorbed.

Strychnia and atropia were administered P. R. N., but were unsatisfactory. For a period of forty-eight hours camphorated oilggets. 15 to 30 hypodermatically P. R. N. supported the patient when all other measures failed.

Turpentine stupes were applied to overcome tympanities and meteorism.

From May 1st, the progress of the case was uneventful, although his convalescence was long drawn out.

It is interesting to note that the patient's tubercular trouble failed to show any activity in spite of the bronchitis accompanying his typhoid and his great emaciation and exhaustion.

I saw the patient again in September, 1904, and found him enjoying perfect health.

A study of the clinical chart of this case shows:

1 That the pulse elevation and change in character were the first signs to be noted when hemorrhage occurred.

2 That the hemorrhages were followed *closely* by a marked and abrupt drop in body temperature.

3 The beginning of an inflammatory process in the parotid gland was accompanied by a marked rise in temperature and corresponding pulse elevation, the mental condition became much worse.

4 That the urinary secretion for twenty-four hours averaged forty ounces, with the exception of the twenty-four hours when he received three quarts of normal saline solution subcutaneously, when the amount voided reached the enormous quantity of 192 ounces.

5 That the average number of stools during the period of hemorrhages averaged seven in twenty-four hours.

6 That the respirations were effected very little, ranging from 16 to 23 per minute.

The literature on this subject is not exhaustive, very little light having been thrown on the causation and etiology of this unusual and fatal type of typhoid fever, during the past fifty years.

One has but to read Trousseau's classic and quaint description, and then pass to Hamburger's (2) masterly article on Hemorrhagic Typhoid, to note how little progress has been made in this direction.

Nicholls and Learmonth (3) report one fatal case. In summing up 12,000 cases from literature, they found, 18 instances of general hemorrhagic diathesis.

Hamburger collected from literature, up to May, 1899, 22 cases. Since that time, Eshner and Weisenberg (4) report two fatal cases.

Longenecker and Ackerman (5) report one case ending in recovery.

Of 1,900 cases, during the Basle epidemic, only three were of the hemorrhagic variety, while in a series of 6,513 cases, of the fatal cases 439 in number, Uskow observed our four

cases of the general hemorrhagic type.

Samohrd (9) adds five more to those already reported.

According to Hamburger, two-thirds of these cases have a fatal termination. Hemorrhagic typhoid occupies a distinct position according to Osler, but so far no satisfactory theory has been advanced to account for its occurrence.

Etiology—Three classes are made by Hamburger.

1 Those of epidemic influence. Hemorrhagic cases developing more frequently during an epidemic of the virulent type.

2 Hemorrhage as a result of secondary infection, (possibly the absorption of septic products). Being a symptom of the septicemia developed during the progress of the disease.

3 Hemorrhage as a manifestation of cachexia.

Syphilis, tuberculosis, alcoholism, a history of hemophilia either personal or family, have all been mentioned as possible causative factors. In this case we know that our patient had suffered from a well marked tubercular infection, at a comparatively recent date, and the resulting cachexa (although not apparent) may have been one of the causative factors in the development of the hemorrhagic diatheses.

I recall having seen several cases of purpura, of the so-called rheumatic type in tubercular subjects, especially those markedly anemic.

Eugene Wasden (6) says: "Its probable that the bacillus typhosis bears an important relation to all purpura hemorrhage of febrile type," but the fact that purpura is seen in a number of other infectious diseases, viz: Yellow-fever, smallpox, scarlet-fever, diphtheria and measles, especially when the disease takes on the virulent type would

seem to point to the toxemia as the probable cause.

The older observers were wont to speak of the "changed fluidity" of the blood, in other words, a delay in the coagulation time. This change has been noted in practically all hemorrhagic conditions; this can probably be accounted for in hemorrhagic typhoid by the fairly constant leukopenia which exists, not so much as a result of the destruction of white corpuscles, but because of a decreased influx. (10) That the reduction in white corpuscles favors the hemorrhagic tendency is proven by Openschowski's case of hemorrhagic typhoid.

In this case, a complicating pneumonia, with an accompanying leucocytosis, checked hemorrhages from the mouth and tongue which had resisted all treatment.

He attributes the cessation of the hemorrhages to the leucocytosis.

In this case, under discussion, it is interesting to note that the hemorrhagic tendency became much less marked with the development of the parotitis; an infectious, inflammatory process which was no doubt followed by a leucocytosis, at least moderate.

Ewing (11) attributes the leukopenia to the action of the typhoid toxin.

Boston (12) speaks not only of the diminution in the number of blood plates, but also of a decrease in the fibrin content.

Thayer, who made an analysis of the blood findings in all typhoid fever patients in Johns Hopkin's Hospital during a period of 11 years, found:

1 That during the febrile period there is a progressive reduction in the number of red corpuscles, this reduction averaging 1,000,000 per c. m. m.

2 The hemoglobin shows a reduction to 80-75 percent—rarely lower.

3 That typhoid fever fails to show an increase in the number of white corpuscles, in uncomplicated cases. A moderate leukopenia being found in a majority of the cases.

A transitory leucocytosis is often seen following hemorrhage.

The presence of the bacillus of Eberth in the circulating blood has been well established by a number of observers.

The change in the blood, itself, however, is scarce sufficient to account for the development of the multiple hemorrhages seen in this condition.

An increased permeability of the vessel walls probably exists. Typhoid arteritis and accompanying gangrene, phlebitis, and thrombosis have all been observed.

It is not logical then to assume that as a result of the bacillimia, toxemia, or both, a degenerative change takes place in the intima of the blood vessels, a pathologic permeability of the vessel walls resulting?

Some authors have attributed the hemorrhagic type to a mixed infection, but in Samohrd's fatal case, pure cultures of eberth's bacillus were obtained from the hemorrhagic deposits. He attributes this type of the disease to an infection with an unusually virulent species of the bacillus.

That the hemorrhages in this case were by diapedesis, oozing from the mucous membranes, would seem likely from the appearance of the blood, dark, coffee brown, no clots with the exception of April 22nd, and May 1st, when several clots appeared in the stools and the hemorrhage was probably by rhexis, erosion of some of the larger vessels taking place as a result of the breaking down of the intestinal ulcers.

Trousseau (7) in discussing the question of hemorrhagic typhoid, says.

"At the autopsy of persons who have died of dothieneria, we often find bare mesenteric vessels at the bottom of the intestinal ulcerations. Hence it might be supposed that these hemorrhages are due to the rupture of a mesenteric vessel during the process by which the furuncular core is eliminated. Still for the most part, if not always, this is not what occurs. The blood is exuded by the mucous surface, exactly as it is in hematemesis and epistaxis. The immediate cause of this sanguineous exhalation is an essential change in the blood, which is in a dissolved state, etc., etc."

He speaks of this changed "fluidity" of the blood being found in other fevers, yellow-fever, diphtheria, measles, and smallpox. The blood being in this dissolved state, and to it are attributable the intestinal, renal, and nasal hemorrhages.

A study of this quaint description shows us that Trousseau recognized practically all that modern pathologists have been able to point out, viz:

(a) Blood changes, resulting in a delay in coagulation time.

(b) That the hemorrhages are usually by diapedesis, as a result of changes in the vessel walls.

Parotitis as a complication of typhoid is met with less frequently than formerly, probably because of greater care being given to the mouth since the pathology of the disease is understood.

It occurs in about 1 per cent of the cases and is regarded as a severe and dangerous complication. In most cases the glands go on to suppuration, but in this case both glands were reduced (application of ichthyol ointment 50 per cent) without pus formation. A marked rise in temperature and pulse, and increased delirium were noted when this complication developed.

The parotitis had a decided effect on hemorrhages. Only three hemorrhages occurring after this complication developed.

Owing to a lack of laboratory facilities, the Widal test, or test for the Diazo reaction could not be made, but the typical onset of the disease and its clinical course during the first two weeks presented a picture that could not well be mistaken.

BIBLIOGRAPHY.

- 1—Osler-Nothnagel.
Vol. Typhoid and Typhus fevers.
- 2—Hamburger.
On Hemorrhagic Typhoid-fever.
Johns Hopkins Hosp. Rep. 1900.
- 3—Nicholls and Learmonth.
Lancet-Feb. 2, 1901.
- 4—Eshner and Weisenberg.
American Journal Med. Science.
March, 1901.
- 5—Longenecker and Akerman.
American Medicine, Jan. 25, 1902.
- 6—Eugene Wasden.
- 7—Trousseau-Clinical Medicine. Vol. 1, p. 247.
- 9—Samohrd.
II Policlinico-Rome, No. 21, 1904.
- 10—Nothnagel.
Vol. Diseases of the blood.
- 11—Ewing.
Clinical pathology of the blood.
- 12—Boston.
Clinical Diagnosis.

The Council of the New Mexico Medical Association has recently selected Dr. R. E. McBride, of Las Cruces, as Secretary of the Association in lieu of Dr. G. H. Fitzgerald, who has removed from the Territory. Dr. McBride comes well recommended. He is a native of the State of Louisiana, and is a graduate of the Medical Department of Tulane University of New Orleans.

**"GASTRO-ENTERIC INTOXICATION
IN THE NEW-BORN."**

The newly born infant is as near a perfectly healthy organism as one can well conceive of. Hence, acting on this premise, we not infrequently overlook what may cause the death of a helpless being that has been committed to our care by its confident parents. Therefore, I wish to call your attention to the most common illness of the new born,—Gastro-Enteric Intoxication.

Among the causes of this disease are those conditions giving rise to acute indigestion and the toxic materials already formed ready for absorption when ingested.

When the first class comes, artificial feeding that is often indulged in when the new born babe squirms and twists and gives that mournful grunt (that must be heard to be appreciated) which is interpreted by the nurse as a call for some food, when, really, the child is only suffering from cold. If you will examine it, you will find hands, feet and, oftentimes, the whole periphery cold, and, as a matter of course, if food is put into the stomach of a baby in this condition it cannot digest because vitality is below par. The delicate, untried, stomach cannot handle the artificial food so unwisely poured into it; hence, it must remain in the stomach and intestines and there ferment, for they are in a temperature that promote the decomposition of all organic materials. A toxin thus created is readily absorbed and causes the most distressing symptoms at times.

Under the second class are poisons already formed before ingestion, and to this belong the secretion and contents of the mother's breast. It is agreed by the scientific and the unscientific, but more especially by medical men that

the natural and best of all food for mammalian young is the mother's milk, but the stock raiser has found that to allow the calf of a thorough-bred Jersey to nurse all the milk it desires, will almost invariably result in the death of the calf.

We who have had much personal experience with the new born have found that in more than 50 per cent we have had some absorptions from the intestinal tract that have drawn our attention to the baby crying for help. When we hear this cry, we can say at once as an axiom, "A baby don't lie," and our duty calls us to make proper inquiry. My experience has taught me to make my first inquiry concerning the mother's condition before parturition, and I have more often than not found that she has suffered from constipation and from a general sluggish action of liver, kidneys, and other secretory organs—and especially from hepatic insufficiency. As a consequence, there are stored up in the mammary glands with the cholesteryne a toxin that in surprisingly short time after ingestion is causing the most distressing symptoms. Cholesteryne itself is nature's purgative, clearing the intestinal tract of the meconium, preparing the way for the milk, but is often so altered that it causes an excessive peristalsis and some colicky pain and which is usually accompanied by more or less toxin absorption that calls for immediate action upon the part of the medical attendant.

The lesions to be found are not more than a superficial catarrhal inflammation unless allowed to pass into the subacute or chronic illeo-colitis. This statement is based on the fact that as soon as the intestinal tract is cleared of its contents, all symptoms disappear and our patient is well.

We may, however, have a reinfection

tion, for I call to mind a case where I delivered a well-developed male child and it was given only the mother's milk. When about thirty-six hours had elapsed, I was called to see the baby in convulsions, temperature 105 F. It was relieved by purgative, colon irrigation, and warm wet pack. After a few hours it was again given the breast with the same result, and again relieved in the same way. The third time it was given the mother's milk with like effect, and relieved as before. Nursing was interdicted and artificial feeding substituted for the time. The mother's previous condition was found to have been a very torpid one. She was given a good purgative with calomel and breast pumped out, and after a free flow of milk had taken place, the baby was put to the breast without further trouble. I delivered the same woman two years later and this baby was infected as the first, but I recalled my past experience, and profited thereby.

The symptoms observed in mild gastro enteric intoxication may be only restlessness—no fever, no gastric disturbance. Sometimes there will be frequent actions from the bowels of a tough, stringy character at first followed by yellowish green action with lumps of undigested food; especially, when improper food is the cause.

As feeding of infants in the first few days of life is largely confined to some sterile, warm teas, or weakened whiskey, it does not play a part of great consequence in the cause of its intestinal troubles. However, when modified milk feeding is indulged in, unless handled with the utmost care, it is capable of the gravest results of which every doctor who has had one summer is well aware. Therefore, I want to call your attention to that form caused by the products of the mammary glands.

The severest convulsions or the deepest coma, the most obstinate constipation or the most profuse diarrhoea, a subnormal temperature or one of 106 F., may be encountered. We may find a perfectly flat abdomen or one greatly distended. There may be great thirst where nothing is eagerly taken. This is often mistaken by the nurse for hunger, and the child is stuffed only to aggravate the already distressing condition. Again everything may be refused and the child lie in a stupor. Well do I remember a case where about forty-eight hours after I delivered a fine girl baby, my attention was called to the child sleeping too much and on examination I found the temperature normal, pulse weak and quick, eyes sunken, and a very feeble attempt at swallowing, bowels moving about every two or three hours with nothing abnormal in color or odor, and abdomen flat. It received a free purgative of calomel, but the coma deepened and after some forty-eight hours more it began twitching, and a few hours more saw it in convulsions, which continued for about six hours and the result was death.

The diagnosis is not always easily made, for in the above case it was not clear. It is possible some central brain lesion was the cause and not the result.

In most cases we will find the little fellow trying to make both ends meet, abdominal muscles rigid, hands and feet cold, temperature 100 to 103, features pinched, and the baby crying lustily. Even with this chain of symptoms we must eliminate the distressing symptoms sometimes caused by the retention of urine.

Similar symptoms caused by exanthematous and infectious diseases can be eliminated by the element of time necessary for their incubation; with the possible exception of smallpox, which I

have had occasion to see in utero. I have found the prognosis good where active measures were instituted early for the relief of the intoxication, though I remember on one occasion I was called to see a baby I had delivered some forty-eight hours previous, and found it in convulsions and worked vigorously for its relief, but it succumbed in two hours after I was called. In another case there were symptoms of intoxication at the end of twenty-four hours and only mother's milk had been taken. These symptoms were partially relieved by medication, but by the fourth day there was a hemorrhagic diathesis developed and the child bled to death the sixth day from pin holes that were made by introducing the pins to form the figure of eight ligature to stop hemorrhage of the funis. As a matter of protection to ones self I usually give a guarded prognosis in all cases.

As a matter of prophylaxis, it behooves us to look well into the mother's condition before confinement where we have the opportunity. We must not only follow out the old routine to see if there is albumen in the urine, so as to know whether to look for convulsions or not, but see that the bowels are regular, liver active, and that she eats and digests food properly and gets plenty of sunshine and fresh air. We will then have a healthier baby and a good wholesome food already prepared for it when the time arrives.

Except the mother's breast, allow nothing given but some sterile water and we will have prevented a great majority of our intoxications.

We must bear in mind that we are not dealing with an inflammatory disease, but with an intoxication from the intestinal tract, which is yet without the baby and where we can get at it. Therefore, it my custom to administer

a large dose of castor oil—say one drachm with one drop of turpentine, and if symptoms are urgent, I at once flush out the colon and if the temperature is over 102 or if nervous symptoms are such that they cause any anxiety, I wrap the baby, striped of clothing, in a sheet wrung out of warm water, then a blanket. This treatment seldom fails to give perfect relief, and unless reinfection, it is not necessary to repeat. I have found, however, that unless you are very careful in your instructions you are likely to have reinfection. In that case, I usually give the baby and the mother both a purgative of calomel with the most happy results, as it relieves the fountain head of it's supply of toxin.

In conclusion, I wish to say that it is of the utmost importance that the mother be looked after before parturition, and in fact during the whole of that most important period of life—Pregnancy—so that she may bring into this life one who is not only able to ward off "Gastro-Enteric Intoxication," but meet the ills of childhood with an iron constitution, fight the battles of advanced civilization and conquer so as to retire to the Great Beyond with honor to himself and Glory to his God.—J. R. Gilbert.

THE TREATMENT OF PERITONITIS— DIFFUSE AND GENERAL.

By Dr. G. C. Bryan, Alamogordo, N. M.

I have chosen the title "Diffuse and General" because it is so difficult to draw a line between the two. Whenever a recovery from general peritonitis is reported, there are those who insist that the diagnosis should have been diffuse peritonitis. The treatment, in my opinion, should be practically the same for both, and I shall, therefore,

speak of them as one affection. The real difference is in degree only.

I wish it understood that I presume to present a paper on this subject with a feeling of diffidence. General peritonitis alone is a large field of which we have yet little positive knowledge. I shall present you a few cases and conclusions drawn from them, and I assure you that I shall not quarrel with anyone who cannot agree with me on all points. No priority is claimed, although my work is original so far as outside suggestion is concerned. After successfully treating a case on the lines to follow, I found, on looking up the literature, that similar work had been done years before.

At the present time there are two principal lines of treatment followed by leading surgeons. In the first class their procedure is about as follows:

The abdomen is opened; all sources of infection are removed as far as possible; all infected areas readily accessible are sponged dry;; adhesions may or may not be broken up; flakes of fibrin may or may not be sponged off. Hydrogen peroxide, or similar antiseptic, may be applied carefully on a mop, all moisture being afterward carefully sponged away. Some, after thus carefully cleansing all points, pour in varying quantities of salt solution before closing the abdomen. Most all, I believe, close with some sort of drainage. Some satisfy themselves with a cigarette drain of the Mickulicz type, while others—as Robert Morris would say—“commit texidermy on their patients” by inserting rolls of iodoform gauze.

The other class, which seems to be equally as numerous and equally as influential, believes in a thorough and complete cleansing of the abdominal cavity by using various strengths of various mildly antiseptic solutions. The adhesions are more or less broken

up and all nooks carefully washed out. The other points of treatment are practically the same as in the first class. The abdomen may or may not be left filled with salt solution. Various kinds of drainage may be used.

In addition to these two general divisions, there still remains a small portion of the profession which adheres to the doctrine of leaving the abdomen alone until the trouble either becomes localized, with multiple abscess formation, or death accidentally ensues—which, they say, was inevitable anyway in this case. This class, apparently, is so small that it needs nothing more than cursory mention.

All these methods of treating general and diffuse peritonitis are unsatisfactory—death is the too frequent result. It is safe to prophesy that radical changes will occur during the next decade in the accepted methods of treating septic peritonitis. It would seem that the ideal treatment of septic peritonitis would be the free opening of the abdominal cavity, the complete removal of all free septic fluid, the immediate closing of all avenues of infection, the breaking up of all adhesions, the thorough irrigation of the whole infected area—including the whole abdomen if necessary—with some mild, unirritating fluid, antiseptic in character, and closing the abdomen with drainage tubes inserted through both the anterior and posterior abdominal walls. Constant irrigation with some unirritating fluid, of which salt solution is a good example, being then used for at least forty-eight hours, accompanied by injections of adrenalin and the most energetic stimulation. This is approximately, at least, the ideal treatment. But the important question is to decide when the ideal should be followed in full and when a compromise would do better. There can be no question that

death on the table would often result if the complete ideal treatment were applied in all cases. The conservative method would appear to be that the work should be as thorough and complete as the condition of the patient might permit.

I now present you a few cases which will illustrate my idea of what the treatment should be:

Case No. 1.

Miss W. was a young woman domestic of about twenty, who had been to El Paso for the purpose of having a criminal operation performed. She had fallen into the hands of the usual person who engages in that class of crime. I saw her about a week after she returned to Alamogordo, and found her in a serious condition. The face was pinched and had an anxious expression, the knees were drawn up, the respirations were rapid and shallow, and the abdomen was somewhat distended and tympanitic, but not excessively tender, while the board-like rigidity was very perceptible. The patient passed small quantities of highly colored urine frequently. Vesical tenesmus was present in a slight degree. She complained of nausea, intense thirst and vomited occasionally. The bowels had not moved for forty-eight hours. Temperature was between 102 and 103, and pulse over 130. The diagnosis of general septic peritonitis was made and operation advised. She was removed to the hospital and after rapid preparation of vagina and abdominal wall, anaesthesia with ether was begun. The pulse improved under the anaesthetic. The uterus was thoroughly curetted and washed with bichloride solution 1-5000 and packed lightly with iodoform gauze. Incision was made in the middle line, abdomen opened from umbilicus to pubes. Considerable difficulty was experienced in

getting through the peritoneum, as loops of intestine were adherent to anterior wall. On opening the peritoneum, the following condition was found: peritoneum everywhere involved, in places highly congested and glistening and in other places dull and grayish, with occasional flakes of fibrin. Adhesions everywhere irregularly present, but no distinct walling off. Pelvis filled with thin yellowish fluid. Peritoneal surfaces of bladder, broad ligaments and uterus intensely congested. Tubes swollen and congested—left somewhat enlarged. Between omentum and anterior wall distinct abscess containing yellow pus. Another between omentum and splenic flexure of colon, this pus being more greenish. The small intestine appeared everywhere involved. The upper right quadrant alone seemed to be least affected, and even here it was decidedly injected. The adhesions were broken up and the fibrin flakes were largely sponged off, and the whole abdominal cavity thoroughly washed out with hot saline solution. An opening was made through the posterior cul-de-sac and also a small one in the left lumbar fossa. Perforated drainage tubes were run from the upper angle of the wound to these openings and passed out, one through the vagina and the other through the posterior abdominal wall. A large drainage tube was passed through the anterior abdominal wall about two inches below the upper angle. Through and through sutures of silver wire were used in closing. The wound was sealed with collodion and rubber tissue cemented about the protruding tubes. Rubber dams were made of the rubber tissue to carry off the fluids. The patient was put to bed suffering with severe shock. The head of the bed was elevated and irrigation with saline solution at about 100 degrees F. was begun

at once. M. V. of adrenalin and strychnin sulphate gr. 1-15 were given hypodermically every fifteen minutes until the circulation improved. The patient seemed comfortable and complained of little nausea, thirst or pain. A stream of saline solution was kept running into the large tube in the anterior wall, and also every half hour a stream was sent through each of the smaller tubes. The nausea was less than before the operation, the thirst far less intense and the pulse steadily improved—the heart stimulation being continued, of course, but the adrenalin being discontinued after a few hours. Vigorous efforts were at once begun to move the bowels, and after twelve hours our exertions were rewarded by securing a small movement. The first stools were dark and viscid in character and most intensely foul smelling. All sorts of enemata were used, including asafœtiada, glycerine, magnesium sulphate, castor oil, etc. A point noted was that the general condition of the patient began to improve several hours before the bowels moved. The patient was much annoyed for several days by an almost constant diarrhoea. No nourishment was attempted for forty-eight hours, the strength being sustained by frequent alcohol and nutrient rubs. In this case white of egg was used, and a portion of it, at least, seemed to be absorbed. Water was given freely after the first few hours. Vomiting continued intermittently for several days, but was much less frequent and forceful than before operation. The constant irrigation was continued for a week, the tubes being first changed on the third day. At that time adhesions were being formed all about the tubes. The smaller tubes were replaced by small gauze wicks. The last wick was removed, I think, about the fourth week. The patient at times

complained of a frequent desire to urinate and also occasionally of rectal tenesmus. These gradually grew less. About the tenth day she had a chill and ran a high temperature. This, after about ten days, gradually diminished. The patient improved very slowly and frequently complained of severe abdominal cramps. After the end of the second month, the improvement was much more rapid. She gained flesh and was able to walk about. At the end of the third month was discharged apparently as well as ever with the exception of small discharging sinus in the back. She returned to her home in an eastern state and was well about six months afterward when I last heard from her. Afterwards learned that she had entered a house of prostitution in Chicago. Clinical chart in this case disappeared when patient was discharged. She knew her case was an exceptional one and she probably feared it would be reported and her name published.

Case No. 2.

Mr. J. H. H., the principal of the public school, had been sick several days and was first seen about 6 p. m. in consultation with Dr. Gilbert. Diagnosis, appendicitis. Operation refused. The following morning operation consented to. Performed at 11 a. m. On opening the abdominal cavity, found the appendix buried in a mass of adhesions and abdominal cavity filled with septic fluid. Adhesions present in various places showed attempt at walling off, which was, however, not at all complete. Peritoneum everywhere intensely congested. Pelvis filled with creamy pus. Omentum raised and same condition there likewise prevalent. Heart began to do badly and no attempt was made to remove appendix. Three tubes were inserted—one in the pelvis, one behind ascending colon and

once into iliac fossa.. Patient put to bed and constant irrigation continued little over a week. Recovery uneventful except severe hemorrhage on third day, which was supposed to occur from sloughing of some venous branch caused by pressure of tube. Hemorrhage stopped with hydrogen peroxide. Course of this case can be seen in clinical chart which I will pass around.

Case No. 3.

Mr. A. W. De O., a railroad conductor, had been in the hospital for nearly a year with suppurating knee joint and various other ailments. Had just been operated upon the week before for an ununited fracture of both bones of the forearm. About 2 a. m. developed appendicitis, suffering agonizing pain over whole right side. Tenderness exquisite, the least perceptible touch being painful. Hot applications and morphine sulphate failed to relieve pain for any length of time. About 5 a. m. grew easier. Operated upon about 7 a. m. When peritoneum incised, septic fluid spurted out. Caecum and appendix nowhere to be found. Whole abdominal cavity filled with fluid and intensely congested. A rapid search failing to reveal the location of appendix, the search was abandoned and abdomen closed as in Case No. 2. with insertion of perforated drainage tubes and constant irrigation begun. The course of the disease was uneventful and can be followed by the chart which will be passed around. Only that portion of the chart was brought which shows course of case after appendix operation and during irrigation. This case afterward went to Dr. John B. Murphy, of Chicago, in an attempt to recover the full use of the knee joint, which was left partially ankylosed after the suppuration of the joint before mentioned. Patella was removed and a few days afterward an-

other attack of appendicitis followed, and he was again operated on for appendicitis. Dr. Murphy informs me that he had great difficulty in finding the appendix and finally discovered it tucked behind the liver and bearing marks of previous perforations. He found no pus in the abdomen, but a number of adhesions.

Case No. 4.

A Mexican laborer in the machine shops was taken sick about 3 a. m. First seen about 6 a. m. Pain severe and tenderness in right side. Diagnosis, appendicitis. Refused operation. Pain continued until next day about 9 a. m. He became easy then. About noon pain over lower portion of abdomen began. Distension began to be noticeable and also rigidity. At 3 p. m. consented to operation. Operation was begun about 4 p. m. Appendix found gangrenous and nearly sloughed off. Large perforation near base. Condition of abdomen practically the same as in Case No. 2. Appendix stump inverted and bowels sutured over. Practically the same treatment as in other case with this exception—that the tubes were irrigated at intervals instead of constant irrigation being employed. Course of case practically uneventful. A slight hemorrhage on the second or third day. Examination of fluid and cultivation in culture tube showed staphylococcus and streptococcus both present.

In none of these cases can there be any question as to the case being peritonitis, either diffuse or general, and of a septic character. Besides the perfectly plain clinical diagnosis in all these cases, confirmed by opening the abdomen, the last case was further confirmed by bacteriological methods.

It seems to me from the history of these cases the following conclusions might be drawn:

1st The constant salt solution irrigation helps the immediate symptoms, such as thirst, nausea and shock.

2nd The irrigation does not spread the infection, or, if it does, it dilutes it so that the system is not overwhelmed by acute sepsis from absorption.

3rd The constant irrigation must inhibit bacterial growth or recovery would not be possible after such general infection.

GENERAL MEETING

Minutes of the Twenty-fourth Annual Session of the New Mexico Medical Association, Held in Las Vegas, May 10th, 1905.

The meeting was called to order by the president, Dr. E. B. Shaw, at 10 a. m.

Invocation by Rev. Norman Skinner, of Las Vegas.

Mayor F. E. Olney gave the address of welcome, and was responded to by Dr. S. D. Swope on behalf of the visiting members.

President Shaw then read his annual address, which was well received, and the Association adjourned to meet at 2 p. m.

Afternoon Session.

The Association called to order at 1:50 by President Shaw.

Moved by Dr. Seward, and seconded by Dr. Mills, that a congratulatory telegram be sent to the National Fraternal Sanatorium in session at St. Louis. "The New Mexico Medical Association in convention assembled at Las Vegas sends greeting to the National Fraternal Sanatorium Association. Congratulations, felicitations and best wishes." The motion was carried and the telegram ordered sent.

The first paper on the scientific program, "Gastro-Enteric Intoxication in the New Born," was read by Dr. J. R. Gilbert, of Alamogordo. It was dis-

"One Hundred Extractions of Cataracts; the Majority Made in New Mexico, the Rest in Colorado; With Presentation of Specimens," was read by Dr. Luis Hernandez, of Las Vegas, and discussed by Dr. Tipton.

In the absence of Dr. M. K. Wylder, of Albuquerque, his paper on "Some Cases of Transposition of the Heart, Due to Atrophy of the Lung and Pleuritic Adhesions," was read by the secretary. Discussed by Drs. Swope, Black, McConnell, Morgan and Beeson.

"Uncinariasis, With Report of Two Cases," was read by Dr. R. E. McBride, of Las Cruces. Discussed by Drs. Yoakum, McKinley, Tipton and Swope.

"Treatment of Septic Peritonitis, Diffuse and General," was read by Dr. G. C. Bryan, of Alamogordo. Discussed by Drs. Kaster, Beeson and Black.

"The Fever of Phthisis," was read by Dr. J. Frank McConnell, of Colorado Springs. Discussed by Drs. McCusker by Dr. Duncan. Bride and Bailey.

"Treatment of Fractures," was read by Dr. J. P. Kaster, of Topeka. Discussed by Drs. Tipton, Shaw and Swope.

It was then moved by Dr. R. E. McBride, seconded by Dr. Chas. F. Beeson, that the Council be asked to present resolutions on the death of Dr. Mellish. Carried.

The motion was then carried to adjourn the meeting until 9 a. m. Thursday.

Morning Session—Thursday,

The Association was called to order by President Shaw at 9:45 a. m.

It was then moved and carried that the thanks of the Association be extended to the ladies of Las Vegas for the excellent entertainment provided for the visiting ladies; to Rev. Norman Skinner, Mayor F. E. Olney, the members of the Las Vegas Medical Society, and to the citizens of Las Vegas for the hospitality and entertainment provided for the visiting men.

The Council presented the following resolutions:

"Whereas, By the wisdom of Divine Providence our esteemed honorary member, Dr. E. J. Mellish, has been removed from his earthly labors; be it

"Resolved, That in the death of our gifted brother the New Mexico Medical Association and the medical profession at large has been deprived of an honorable associate and has sustained an irreparable loss;

"That the sympathy of the members of this Association are hereby extended to his family and friends; and

"That a copy of these resolutions be sent to his bereaved wife and a record thereof be spread upon the minutes of this Association.

Signed—

W. T. TIPTON,
G. W. HARRISON,
S. D. SWOPE.

The Council presented the following resolutions:

"Whereas, By the wisdom of Divine Providence our esteemed member, Dr. C. G. Cruckshank, has been removed from his earthly labors; be it

"Resolved, That in the death of our gifted brother the New Mexico Medical Association and the medical profession at large has been deprived of an honorable associate and has sustained an irreparable loss;

"That the sympathy of the members

of this Association are hereby extended to his family and friends;

"That a copy of these resolutions be sent to his bereaved wife and a record thereof be spread upon the minutes of this Association."

Signed—

W. T. TIPTON,
G. W. HARRISON,
S. D. SWOPE.

The following resolutions were unanimously adopted at the last meeting of the Territorial Society:

Whereas, by the wisdom of Divine Providence, our esteemed member, Dr. J. E. Mohr, has been removed from his earthly labors, be it

Resolved, That in the death of our worthy brother, the New Mexico Medical Association and the medical profession at large have been deprived of a conscientious and faithful member and have sustained an irreparable loss;

That the sympathy of the members of this Association is hereby extended to his family and friends;

That a copy of these resolutions be sent to his bereaved wife, and a record thereof be spread upon the minutes of this Association.

(Signed)

W. R. TIPTON,
G. W. HARRISON,
S. D. SWOPE,

The scientific program was then continued, Dr. S. D. Swope, of Deming, read his paper on "Nephritis." Owing to the short time allowed for the meeting, discussions of this paper and the ones following, were dispensed with.

"Hemorrhagic Typhoid, Typhoid Parotitic, Recovery," was read by Dr. B. D. Black, of Las Vegas.

"The Cause and Treatment of Appendicitis," was read by Dr. Chas. F. Beeson, of Roswell.

"The Treatment of Pulmonary Tuberculosis," by Dr. P. M. Steed, of

Deming, was read by title, after which the Association adjourned sine die to take luncheon at Romeroville ranch.

MINUTES OF THE MEETING OF THE HOUSE OF DELEGATES

May 10, 1905—The House of Delegates met at the Commercial Club at 10 a. m., and was called to order by President Shaw, with the following present:

Las Vegas Society, represented by Drs. Smith and Tipton; Bernalillo County Society, represented by Drs. Elder and Osuna; Otero County Society, represented by Dr. J. R. Gilbert; Dona Ana County Society, represented by Dr. R. E. McBride; Luna County Society, represented by Dr. S. D. Swope; Grant County Society, represented by Dr. R. B. Leavel; Chavez County Society, represented by Dr. C. F. Beeson, and members of the Council and the President and Secretary.

The minutes of the last annual session were read, discussed at length and finally approved.

It was moved and seconded that the word "regular" be stricken from the resolution modifying requirements for membership as added to Article 3, Section 2, of our Constitution. Carried.

The Constitution and By-Laws, as recommended by the secretary, were unanimously adopted.

Motion carried instructing the secretary to secure copies of the Constitution and By-Laws for distribution among the members.

It was moved by Dr. Harrison, and seconded by Dr. Swope, that all men who have been members of the New Mexico Medical Association and who are not members of component county societies be required to file new applications, in which they state they do

not practice, or claim to practice, nor lend any support to any exclusive system of medicine. Carried.

The House of Delegates then adjourned to meet at 11 a. m.

The House of Delegates called to order at 11 a. m., by President Shaw.

Council reported favorably upon the applications of—

R. J. Thompson, Santa Rosa,
W. C. Klutz, Tucumcari,
Chas. E. Guyer, Raton,
Edgar Allen Jones, Raton,
P. M. Carrington, Fort Stanton,
Joseph B. Green, Fort Stanton,
W. W. Markoe, Fort Stanton,
Norman Roberts, Fort Stanton,
William R. McKinley, Fort Stanton,
and they were duly elected to membership.

The Council reported that they had granted charters to Dona Ana County, Otero County, Luna County, Bernalillo County and Las Vegas medical societies.

Council approved secretary's bill for \$42.25, and motion passed that bill be paid.

The Secretary reported communication from Dr. A. R. DeCosta's brother on contemplated action of the Association on expelling him. Motion was passed that the action as recommended by the petition from members of the Las Vegas Society, urging his expulsion, be adopted and that he be expelled. Motion carried unanimously.

Motion carried that the secretary secure needed supplies from the Secretary of the American Medical Association.

Motion carried that the time and place of meeting be the first order of business at the next meeting, Thursday, May 11, at 9 a. m.

Thursday, May 11, 1905—

Delegates called to order by President Shaw.

Motion carried that the next meeting be held at Albuquerque.

Treasurer reported \$347 in the treasury, and motion carried that his report be accepted and filed.

It was moved that the Council investigate the feasibility of publishing a quarterly journal of the proceedings, and if they deem it advisable to go ahead with the work, and that they would have the backing of the House of Delegates in this undertaking.

Election of officers:

For president Dr. J. P. Kaster, P. G. Cornish and T. B. Hart were placed in nomination. Dr. Cornish received a majority of the votes, and, on motion, his election was made unanimous.

Dr. T. B. Hart was nominated for first vice president, and, on motion, the secretary was instructed to cast the ballot for Dr. Hart, who was declared elected.

Dr. Wm. E. Parkhurst was nominated for second vice president, and, on motion, the secretary was instructed to cast the ballot of the House for Dr. Parkhurst, who was declared elected.

Similarly Dr. S. M. Lane was elected third vice president; G. H. Fitzgerald, secretary, and H. M. Smith, treasurer.

Dr. Tipton was elected councillor for three years, Dr. Harrison for two years, and Dr. Swope for one year.

Motion was carried that the Council divide the territory into three councillor districts as they might think best.

Motion was carried that the Council be empowered to reimburse the secretary as they deemed it advisable.

A motion extending thanks to the Las Vegas men for their excellent entertainment was carried.

The House of Delegates adjourned sine die.

VERY IMPORTANT CHANGES.

The following table gives some of the more important changes in the strength of pharmacopeial preparations. Those in the second column are in force and effect on and after the first day of September of this year.

English Title	Pharm. 1890 Per Cent	Pharm. 1905
Solution of Ferric Chloride.....	37.8.....	29
" " Sulphate.....	28.7.....	36
" " Iron & Ammon Acetate.....	2.....	2
Opium, granulated.....	13 15.....	12-12.5
" powdered.....	13-15.....	12-12.5
Syrup of Ferrous Iodide.....	10.....	5
Tincture of Aconite.....	35.....	10
" " Belladonna Leaves.....	15.....	10
" " Cantharides.....	5.....	10
" " Capsicum.....	5.....	10
" " Colchicum Seed.....	15.....	10
" " Digitalis.....	15.....	10
" " Gelsemium.....	15.....	10
" " Hyoscyamus.....	15.....	10
" " Indian Cannabis.....	15.....	10
" " Lobelia.....	20.....	10
" " Nux Vomica.....	0.3 stychnine.....	0.1
" " Opium.....	1.3-1.5.....	1.20-1.25
" " deodorized.....	1.3-1.5.....	1.20-1.25
" " Physostigma.....	15.....	10
" " Rhubarb.....	10.....	20
" " Sanguinaria.....	15.....	10
" " Squill.....	15.....	10
" " Stramonium.....	15.....	10
" " Strophanthus.....	5.....	10
" " Veratrum.....	40.....	10

Twenty-three sanatoria for the treatment of tuberculosis have been opened during the past year, and seventy-six during the past five years. There are now one hundred and five institutions in the United States especially equipped for dealing with the disease.

Mr. Colin, a Russian experimenter, claims to have effected a stable solution of radium emanation in distilled water, from which believers in theuraeautic virtues of radium, hope to hitherto unattainable good results.

Dr. John C. Hall, of Denver, thinks trained nurses are peculiarly susceptible to appendicitis, owing much to the stooping and lifting in the discharge of their duties.

A musical ear is of great value in heart examinations.

THE MALARIAL ORIGIN AND PROPAGATION OF YELLOW FEVER.

Dr. W. Hutson Ford, writing for the St. Louis Medical Review on the above subject, speaks of the "Insalubrity of New Orleans" in the following terms: Think of a city of 300,000 inhabitants, built on the mud of a Mississippi swamp, 150 feet deep, where the soil water is only from six inches to a foot and a half under the surface, where the dead must be interred in graves full of water, or otherwise exposed in cracking vaults above the ground under a blazing sun. Think of a city whose main streets are often two or three feet deep in water, where the clerks of the finest stores at times simply remove the perishable articles of value from the lower shelves of their shops to higher ones, and go about in boats in the streets, even in the finest of them.

Think of a city which drinks mostly cistern water, which I determined, when professor of chemistry in the New Orleans School of Medicine, to contain five times as much organic matter as the water of the Mississippi.

What can we hope of a semi-tropical city where old-fashioned privies are still largely in common use, without drainage save into the open drains of the streets? A water supply has existed for more than fifty years in New Orleans, the water being drawn from the Mississippi. This as I have said is far purer than the cistern water, but is muddy, and is used mostly for sprinkling and absolution of the streets, sidewalks, and courts. Although the Board of Health has at last prevailed upon the civic authorities to expend very large sums upon common sanitation, including the construction of covered drains, this last improvement, which should have been the first of all

is even now, I see, but one-fourth completed.

New Orleans is built upon alluvial soil which lies some fifteen feet below the level of the river. All the rainfall and sewage is collected by the open drains and conducted by canals towards Lake Pontchartrain into which it must be pumped. When the swamps overflow towards the northwest of the city, when the water of the lake is driven by winds and tides at an unusual level into these swamps, the city is inundated and there is no abatement of the floods, until the tide recede save by the single process of pumping. Sewage is thus distributed over all the lower parts of the city, to be heated in the coming warmth and pollute the humid atmosphere.

Such is a brief survey of the sanitary difficulties existing in New Orleans, which, during the winter months, is perhaps the most charming of all our cities for the softness of its climate, and is at all times noted for the hospitality and refinement of its citizens. New Orleans is now paying and must yet for many a year continue to pay the awful penalty of deadly insalubrity, for the almost irremediable blunder of its founders in locating a metropolis in a subtropical region in the midst of a river marsh. Not, however, the city only, but all the territory linked to it by steam on land, and water for hundreds of miles must suffer along with it; nor indeed, so huge are the difficulties of sanitation in a city built on such a site, can any term be definitely set for its full and final payment."

Canada physicians are considerably puzzled over the case of a Mrs. Day, who gave birth to twins, one being white and one black. You can never tell what a day may bring forth.

LIQUOZONE IN THE CORONER'S COURT.

At the Stoke Newington coroner's court, Dr. W. Wynn Westcott on June 5th held an adjourned inquest upon two children who died after taking daily doses of liquozone. One case was briefly referred to in the *Lancet* of June 3rd. Since Dr. H. R. Oswald has held an inquest at the Rotherhithe coroner's court upon a woman who had just been taking liquozone; he adjourned the inquiry for further toxicologic evidence. The main facts of the Stoke Newington cases are as follows: Mr. S. having obtained a free sample of bottle of liquozone on May 17th, proceeded to take some himself for the relief of hemorrhoids and to give some to his wife to relieve her neuralgia; success followed in neither case. The directions covering the sample did not specifically advise its use as a germicide, but Mrs. S. proceeded to dose her two little girls with half an ordinary teaspoonful of liquozone appropriately diluted, and given once daily before breakfast; she believed that her daughters suffered from worms, but they were otherwise in good health; Mrs. S. informed Dr. Wynn Westcott that she considered "germs meant worms." It is apparently common for those who take liquozone to complain of subsequent nausea and "pain in the stomach," the proprietors considering this a proof of its desired activity. There are no explicit directions to what dosage children should receive; adults are told to take a teaspoonful in water, "for children it must be proportionately diminished." The elder child, aged nearly 4, became ill on May 21, and when seen by T. W. M. Harneis on May 22, she was delirious and collapsed, and had vomiting and diarrhoea; she died from exhaustion on May 23. The

younger child, aged 2, was attacked with similar symptoms on May 22, and died on May 26. The coroner instructed Dr. F. J. Smith to conduct both necropsies. Dr. Smith found all the viscera of the children healthy and normal, except for a small patch in the mucous membrane of the stomach of the elder girl, which was suggestive of the effect of an irritant poison. Dr. J. R. Wallace gave evidence as permanent medical adviser to the British Liquozone Co.; he had often taken liquozone without ill-effects, but had never analyzed its contents; he doubted if an overdose could be taken, but he excepted babies from this statement. Mr. Ivory, K. C., and Mr. C. Matthews are appearing for the company. Dr. Wynn Westcott again adjourned the inquest until a report could be furnished by Sir Thomas Stevenson on behalf of the Home Office to the nature and the probable effects of the administration of liquozone in these cases.—The *Lancet*.

FOREIGN BOY IN THE VAGINA.

Dr. V. N. Orloff, of St. Petersburg, reports a case of mutipara who introduced a croquet ball into her vagina to relieve the distress caused by the prolapse of the uterus. The croquet ball answered the purpose of a pessary, so that the prolapse caused her no further trouble. The ball was left undisturbed for thirty years, when she applied for relief from a fetid discharge from the vagina. At this time the patient was sixty years old. The ball was broken up by means of Doyen forceps and removed in pieces without trouble.

Dr. William Osler says: "Our profession needs and must have Unity, Peace and Concord. (And not chloroform.)"

WHAT SHALL CONSTITUTE THE ESSENTIALS OF A MATERNITY PACKET.

Dr. J. H. Wroth, Albuquerque, N. M.

The International Journal of Surgery propounded the above question some months ago and offered a series of prizes for the best answers. The second prize was awarded to Dr. J. H. Wroth, of Albuquerque, and his list is as follows:

Four Abdominal Binders, made from cheapest grade of unbleached muslin, one and one-half yards long and one-half yard wide. They should be torn to required size and not hemmed or finished.

Three Bed Pads, made one yard square. Take two yards of cheese cloth, fold this on itself with sufficient batting between to make a pad two or three inches thick and "cotton tufted" to keep the cotton in place.

Two and one half doz. Sanitary Pads, made of absorbent cotton, ten inches long, two inches thick and three inches wide and covered with cheese cloth. A one pound package of absorbent cotton will be sufficient.

One Rubber Sheet, four feet by six feet. New white table oil cloth of the same dimensions will answer the purpose.

One Paper Sheet, made of four thicknesses of newspaper stitched together to form a sheet four feet by six feet. This is to go over the middle of bed from side to side.

Six Yards Cheese Cloth, cut into half-yard squares.

All cloth and muslin to be boiled and roughdried before being made up and after making to be rolled up in towels or clean muslin, securely pinned and put away until needed, keeping each class of articles together.

Safety Pins.—Two papers of large and one of small size.

Cotton.—One-half pound absorbent in original package.

Soap.—Castile or Ivory, toilet size.

Lysol.—Four ozs. properly labeled.

Vaseline.—One small bottle.

Olive Oil.—Four ounces labeled.

Six Flannel Binders, six inches wide by half-yard long—for the infant.

One Soft Flannel Blanket, one yard square for wrapping infant immediately after birth. Any old soft woolen goods will answer—provided it is clean.

The usual outfit for the baby as circumstances demand or permit.

To the Nurse or Attendant.

As soon as labor pains begin, and while awaiting the arrival of the physician, give a rectal enema of a pint of warm soapsuds with two teaspoonful of olive oil (or one teaspoonful of spirits of turpentine well shaken with the suds). After bowels have acted, give a thorough warm bath with soap, dressing the patient afterwards in clean nightgown and stockings over which she may wear a warm wrapper or bathrobe.

If the pains are severe from the first, a warm sponge bath will answer, but usually a full tub bath in warm room can be taken with the assistance of the attendant.

After the bath, the patient *must not use the water closet*, but a vessel in the bedroom.

Make the bed by putting the rubber sheet or oilcloth next the mattress, then clean white sheet. *Pin both these securely to the mattress as they are permanent.* Over this put the paper sheet and another clean white sheet and pin as before, placing one of the bed pads where the patient's hips will lie.

After labor is completed, everything down to the first white sheet can be re-

moved, leaving a clean warm bed for the patient.

Do not give a vaginal douche (nor permit one to be given) save by special direction of the physician.

Printed lists of this character handed to women sometime before confinement would obviate much trouble.

THE ANTHELMINTIC TREATMENT OF HOOKWORM DISEASE.

"Before treatment the patient is placed on a milk and soup diet for three days.

"Thymol—The directions usually given for thymol treatment are: Two grams (31 grains) of thymol at 8 a. m., two grams (31 grains) at 10 a. m.; castor oil or magnesia at 12 noon.

"One week later the stools should be examined, and if the eggs are still present, treatment should be repeated until the eggs disappear, but it is not best to give the thymol more than one day per week.

"Some cases of hookworm disease are quite obstinate and require a treatment extending over several weeks. It is, therefore, an unfortunate error to expel a few worms with one or two doses and then dismiss the patient as cured without having made further microscopic examination for eggs.

"The administration of thymol has for its object the expulsion of the parasite, hence the removal of the cause of the disease. This should be supplemented by efforts to build up the depleted system by means of good nourishing food, iron, etc. It is well to give the iron daily, except on the days that thymol is taken.

"Nothing of an alcoholic nature should be permitted during this treatment."

The United States postal authorities are doing good work in preventing the use of the mails for illegal practice. On August 23rd, Mrs. Josephine Bright, alias "Dr. Revere," of Philadelphia, was held in \$800 bail. A postal inspector had made arrangements by mail with the aforementioned party, under the name of Blanche Murray, to receive illegal treatment. The evidence offered in the case was the correspondence, together with medicine sent through the mails and a newspaper advertisement.

The physicians of New Mexico should not forget that it is necessary to comply with the law and for their own protection, to have their certificates from the Territorial Board, their licenses recorded in the counties where they reside. A medical man could not legally collect a bill unless he has so complied with the law.

President Roosevelt says: "The doctor has on the one hand to be the most thoroughly educated man in applied science that there is in the country, and on the other hand the doctor gradually becomes the closest friend to more different people than would be possible in any other profession."

In compliance with many requests as to what was transacted at the last annual meeting of the New Mexico Association held at Las Vegas, a full copy of the minutes will be found in the proceeding pages of this number.

The eminent English surgeon Beatson, is having some success in the removal of the ovaries for carcinoma of the breast.

COUNTY SOCIETY NEWS

LAS VEGAS

A party consisting of Dr. Rolls, of Watrous, Drs. H. M. Smith, W. R. Tipton and B. D. Black, of Las Vegas, attended the Portland session of the A. M. A., going via the southern route, making brief stops at Los Angeles, Catalina Island, San Francisco, then on to Portland via the Shasta route. The return trip was made by way of Yellowstone Park. A seven days' camping trip through the Park gave the party a taste of "army rations." It was also discovered that an especially lusty species of mosquito serves to vary the monotony of camp life in "Nature's Wonderland."

The Portland session of the A. M. A. was well attended and the scientific program was "brim full" of good things. In the way of entertainment, the Portland profession left nothing undone that could have added to the enjoyment of the visiting members. In the house of delegates, several measures of importance to the profession in general, but more especially to the members of the Association were considered and disposed of.

1st The purchase and publication of a Medical Directory of all legally qualified practitioners in the United States. It has long been felt that such a directory is needed, and the fact that the A. M. A. is to undertake the work should be a source of pride to every member of the Association.

2nd The passage of a resolution that hereafter no advertisements of remedies, synthetic compounds, or proprie-

tary remedies be allowed in the advertising columns of the Journal unless accompanied by a certified formula. This formula to accompany each insertion of the advertisement.

3rd The placing of the exhibit hall and the entire matter of exhibits under the control of the trustees. This will no doubt do away with a number of exhibits that are not only an "eye-sore" to the profession, but an absolute menace to scientific medicine.

Let us hope that under this plan such medical Journals as the Medical Brief will no longer occupy a conspicuous place in the exhibit hall.

The Las Vegas Medical Society has taken up its work again after a short summer vacation. At the last meeting held August 16th, Dr. C. H. Bradley presented a paper on "Lacerated Perineum." Dr. J. A. Rolls, of Watrous, lead in the discussion. During the coming year it is the plan of the Society to give over each meeting to a symposium on some subject of practical importance to the general practitioner. At the next meeting the subject of Nephritis will be discussed.

Pathology of Nephritis.....

..... Dr. F. T. B. Fest
Etiology and Diagnosis of Nephritis

..... Dr. H. M. Smith
Treatment and Prognosis of Nephritis Dr. W. R. Tipton

Meetings will hereafter be held the first Wednesday in each month.

Francis T. B. Fest has opened an office in Las Vegas and will limit his work to pathology and consultations.

New Jersey has cancelled her relations of reciprocity with New York. As yet reciprocity is very theoretical.

DONA ANA COUNTY

The Dona Ana County Medical Society held its regular meeting on August 24th. Some interesting clinical cases were discussed by those attending. The attention of the society was called to the illegal practice that was being conducted by a native living in the vicinity of Rincon, and measures were taken to bring the offender before the court at its next session. The next meeting of the society will be held on September 28th, and a particularly interesting program is promised.

Dr. B. E. Lane and family have been sojourning in California. The Doctor returned September 1st much benefited by his vacation.

The County Society now includes in its membership every physician in the county with one exception, and this gentleman has announced his retirement from active practice.

Dr. A. Petin has been and still is on his ranch in Old Mexico, near Vera Cruz. The Doctor is expected home shortly.

The Secretary of the Territorial Association desires to call attention to the information blanks that have been sent to the individual members, and to request that they be filled out and returned to him at the earliest possible moment, as it earnestly desired that the records be complete at an early date. The information is desired for the purpose of the compiling of a card biographical index of the members of the Territorial Association as well as for the directory of the American Medical Association.

R. E. McBRIDE, M. D.,
Secretary.

CHAVEZ

Dr. William E. Parkhurst, president of the Chaves County Medical Society and Second Vice President of the New Mexico Medical Association, died June 15th of pulmonary hemorrhage.

Dr. Parkhurst was born in Boston, Mass., December 4, 1860, and graduated from Gross Medical College in 1899 and began the practice of medicine in Roswell in 1900. He was married to Mrs. Harriet M. Tomlinson in May, 1904. Dr. Parkhurst had been a sufferer from tuberculosis for twenty years. The following resolutions were adopted by the County Medical Society:

Whereas, It has pleased the Divine Providence to remove from our midst our president and a charter member of this society, Dr. William E. Parkhurst, be it

Resolved, That in the death of Dr. Parkhurst the Chaves County Medical Society has been deprived of a conscientious and efficient officer, and that the medical profession at large has lost a valuable and faithful member, and have sustained an irreparable bereavement.

That the sympathy of the members of this society be, hereby extended to Mrs. Parkhurst, and that a copy of these resolutions be sent to the bereaved wife, and a record thereof be spread upon the minutes of this society.

W. C. BUCHLY,
WM. W. PHILLIPS,
M. W. FLOURNOY,

Committee.

Dr. J. W. Kinsinger went to Mineral Wells, Texas, September 1. He has been suffering for some time with sciatica.

Dr. W. T. Joyner returned early in August from a trip to California and

Portland, Ore. While in Portland he attended the meeting of the American Medical Association.

Dr. C. M. Mayes, formerly vice president of the County Society, succeeded to the presidency on the death of Dr. Parkhurst.

Dr. E. M. Fisher attended the Eagles meeting at Denver the last week in August.

Dr. L. C. Rauchbaum, of Amarillo, Texas, has located in the city. At present he has offices with Dr. Joyner. His practice is limited to eye, ear, nose and throat.

Dr. J. R. Rucker has opened an office in the Oklahoma building. He formerly practiced in Oklahoma Territory.

A considerable number of cases of typhoid fever have existed in the city during July and August. Our water supply is excellent, being taken entirely from artesian wells. A vigorous campaign against surface closets and the indiscriminate disposal of garbage has been waged with good results.

Dr. Samuel Butler, who has been located at Dexter for some months, has returned to his home in California.

Dr. William W. Phillips, secretary of the Chaves County Society, reports that their meetings are well attended and splendid discussions follow the reading of each paper.

OTERO COUNTY

The Otero County Medical Society meets every first Tuesday night in each month now, instead of the first Monday night in each alternate month.

The meeting for August was held in the home of Dr. P. W. Kirkpatrick of this city.

Dr. J. R. Gilbert reported an interesting and extremely rare case of cancer of

the tonsil. He also reported a case of a man who had fasted 43 days, and his observations of this case will be given at a later date.

Dr. O. W. Miller reported a case of cerebral hemorrhage.

Dr. Kirkpatrick reported a case of carcinoma of the stomach.

The last meeting was held September 5, in the home of Dr. J. R. Gilbert. The inclemency of the weather prevented a full attendance.

A case of exophthalmic goitre was exhibited and the discussion of cases in general constituted the program.

Dr. G. C. Bryan has resigned his position of railroad surgeon of this place, and has gone to Chicago to locate. Dr. P. W. Kirkpatrick, of this place, has received the appointment and is now in full charge.

Dr. J. R. Gilbert has been appointed health officer for this county. This city and other precincts have received a general clean up and are in a very good sanitary condition.

Dr. R. I. McNeil, of the Mescalero Agency, has attended the last two meetings. He is one of the most enthusiastic out of town members.

Dr. J. E. Hiatt has located in La Crosse, Kas.

Dr. Sims, of Sulphur Springs, Texas, has located at Three Rivers, N. M., and will become a member of our society.

Some mild cases of typhoid fever are reported in town.

Resartus.

"I will not deceive you," the doctor said,

"Your life hangs now by a single thread."

Spoke the tailor, feebly, "That will do, If the thread's waxed, doctor, I'll pull through."—Chicago Tribune.

LUNA COUNTY

Dr. P. M. Steed contemplates making a trip to his old home near Little Rock, Ark., in the near future.

Dr. J. G. Moir, president of Luna County Medical Society, spent several weeks in Chicago this summer.

Dr. R. V. Stovall, formerly a resident of Deming, but now residing at Los Angeles, Calif., is spending a vacation in Deming.

Dr. J. O. Michaels, wife and with a few friends, took a short vocation last month and camped among the fields and orchards of the Mimbres river district.

Dr. Samuel D. Swope returned from a trip to San Francisco, August 24th, wher he attended the meeting of the Pacific Coast Railway Surgeons and heard the Lane lectures.

Ralph L. Byron, the only son of the late J. P. Byron, is spending his vacation with his mother, Mrs. J. G. Moir. Mr. Byron is studying medicine in the Southern California Medical College at Los Angeles.

Dr. C. F. Ellenbach, who came to Deming some nine months ago, died on a train between Faywood Hot Springs and Deming, the night of September 2nd. The Doctor was afflicted with pulmonary and nephretic tuberculosis, and has been in poor health for several years.

Always Ready.

What a terrible misfortune, burglars broke into my office last night and robbed me of all my money—\$5,000. Had I not better notify the police, my dear?

Wife of his bosom—No, dear; notify the newspaper and add that the thieves

left \$30,000 untouched, which were in another drawer of the safe, that will anger the thief and establish your credit.

Not a Good Fit.

Customer: "That coat is not a very good fit, Einstein."

Einstein: "Vell, vat do you expect for fife dollars? An attack of epilepsy?"
—Medico-Chirurg Journal.

Luring Him On.

Servant (at sweet girl's boudoir)—
"Mr. Nicefellow is in the parlor, miss."

Sweet girl (throwing down a novel)
—"Horrors! And my hair is all down! Tell him he'll have to wait a little, as I'm in the kitchen helping mother."
—London Tit-Bits.

Community of Interests.

The Stork and the Doctor met at the door.

"We should be friends," said the Doctor. "We have much in common."

"It is true we are both bipeds," admitted the Stork, guardedly.

Here the Doctor showed his bill.

"One hundred dollars!" exclaimed the Story. "Well, you are a bird!"
—Puck.

More Accurate.

Mrs. Muggins—When your husband takes you to the theater does he go out between the acts?

Mrs. Buggins—Yes, if you want to put it that way. He comes in between the drinks.—Philadelphia Record.

Mr. Skinflint—The paper says skirts are to be worn longer than ever.

Mrs. Skinflint—Well, you needn't be figgerin' on my wearin' mine any longer. I've worn it five years this comin' fall.—Harper's Bazar.

PERSONAL NOTES

Dr. Francis T. B. Fest, of Las Vegas, has returned from a trip to Spanish Honduras.

* *

Dr. W. H. Burr, Santa Fe surgeon at Gallup, was in Albuquerque on business during the past week.

* *

Dr. J. M. Diaz, who has been doing hospital work in Chicago, has returned to his practice at Santa Fe.

* *

Dr. James Massie, of Santa Fe, is in New York, where he is taking a special course in eye, ear, nose and throat work.

* *

Dr. John F. Pearce, of Albuquerque, has returned from a pleasure trip to Los Angeles and the Portland Exposition.

* *

Dr. T. E. Pressley, of Roswell, has returned from Chicago, where he finished a course in eye, ear, nose and throat.

* *

Dr. C. N. Lord, of Santa Fe, has returned from a visit to his old home at Sacketts Harbor, N. Y. During his absence, Dr. E. A. Leonard, of Boston, attended to his patients.

* *

Dr. P. G. Cornish, of Albuquerque, President of the New Mexico Medical Association, has returned from a trip to New York and Philadelphia, where he visited the hospitals and many noted surgeons.

* *

Dr. G. W. Harrison and wife have returned from a pleasure trip to Chihuahua, Mexico. During his visit the Doctor had a pleasant conference with several members of the profession, including Drs. White, Shaw and Swayne,

American physicians located in the above city.

* *

Dr. Henderson, of Albuquerque, has returned from a visit to Detroit, Mich., and resumed practice in eye, ear, nose and throat.

* *

Dr. George O. Keck has arrived from the East, and has assumed charge of the United States Indian School at Albuquerque. Dr. Keck is a graduate of Jefferson Medical College, Philadelphia, and has been in the Indian Service for some years.

At Both Ends.

In a little town in Nova Scotia are two churches, situated in the two divisions of the village locally designated as the "North End" and the "South End." At a Sunday morning service the officiating clergyman read the following notice:

"There will be preaching at 11 o'clock next Sunday morning in the church at North End, and at 4 o'clock in the afternoon at the South End. Infants will be baptized at both ends."—New York Times.

Casus Belli.

"Pat, phwat be mint by the casus belli?"

"I dunno, unless it do be the appendisaytus."—Puck.

"Did George ask your father for you?"

"No; he told pa that he had just inherited \$100,000 and pa offered me to him."

Howell—"Don't you wish you could live your life over again?"

Powell—"Well, I should say not! I've got a twenty-year endowment policy maturing next month."—Judge.

Keeps It Circulating.

"Some scientist says a \$10 bill will accumulate 73,000 microbes in a month.

"That doesn't worry me. I never have one of 'em long enough to 'cumulate more'n a dozen or so."—Cleveland Plain-Dealer.

Bad Elther Way.

Mr. Wiseguy: "No, I don't want any of those sanusages. I'm afraid of trichina."

The Butcher: "I assure you there's no danger of trichina in these sausages."

Mr. Wiseguy: "Well, hydrophobia, then. It's just as bad."—Ex.

True.

"Boy, how often does the elevator go up?"

"Just as often as it comes down, mam."

MONTEZUMA RANCH RESORT

ROMERO, N. M

NEAR LAS VEGAS



AN IDEAL SPOT. The best of accommodations; care and treatment provided. ☐ Directly on the line of the A. T. & S. F. Railroad

The Chico Springs

SANATORIUM

RANCH LIFE

☐ The coolest summer resort in the west. ☐ Altitude 6500 feet. ☐ Golf, croquet, tennis and hunting, and free use of saddle ponies. ☐ Good bathing can also be enjoyed. ☐ Reduced rates for families desiring to spend the summer here, and special rates for physicians. ☐ For further and full information address

H. BOYD MATSEN

Medical Superintendent Chico Springs Sanatorium
CHICO SPRINGS NEW MEXICO

ERNEST MEYERS & Co

Albuquerque, New Mexico

Wholesale Liquor

and Cigar

Merchants

High-grade Wines, Liquors and Cigars
Family Trade a Specialty. Sole
Agents for Miller's Milwaukee "High
Life" and "Buffet" Beers. ❀❀❀

A. BORDERS

**UNDERTAKER
AND
EMBALMER**

**COMMERCIAL CLUB BLDG.
ALBUQUERQUE**

Dr. A. B. Henderson

U. S. Army Retired

**PRACTICE LIMITED TO
Diseases of the Eye**

Albuquerque, New Mexico

Eastman Kodaks and Supplies

TYPEWRITERS
and Repairing

Sporting Goods
and Fishing Tackle
Wholesale and Retail

F. J. HOUSTON

118 Gold Avenue
Albuquerque New Mexico

Learnard & Lindemann

THE SQUARE MUSIC DEALERS

Sell the High-Grade
**Chickering Bros.
and Victor
PIANOS**

Write for catalogue and prices or call at
206 So. Second Street
ALBUQUERQUE, N. M.

1860

FORTY-FIVE YEARS

1905

The Washington Life Insurance Company

of New York . . . John Tatlock, President

Agents Wanted in Every County in my Territory
FOR TERMS WRITE

J.H.O'RIELLY General Manager New Mexico and Arizona
ALBUQUERQUE, NEW MEXICO

The Rothenberg & Schloss Cigar Co



DISTRIBUTORS for the Far-Famed
General Arthur Cigar. ☐ The Owl, now
5-cent, Cigar. ☐ Stachelberg's La Fama
Universal Cigar. ☐ Regensburg's Ameri-
can El Sedilo, and many other high-grade
brands of domestic and Key West Cigars.

M. MANDELL

*Clothing and
Furnishings*

AGENT FOR

Manhattan and E. & W. Shirts
Dunlap and Stetson Hats
Nettleton's Fine Shoes
Jaeger Underwear

MAIL ORDERS FILLED SAME DAY

114 Railroad Ave.

Albuquerque

FOR DOCTORS

— AND ANYONE ELSE —

¶ Inasmuch as we make a specialty of binding Medical Journals and all other periodicals, we ask that you save yours and give us a trial order.

¶ Our prices are right and our work is guaranteed.

THE MITCHNER CO

Bookbinders and
Blank Book Makers

ALBUQUERQUE

NEW MEXICO

The Albuquerque Steam Laundry

Cor. Coal Avenue & Second Street

FINE SHIRT
W O R K
OUR SPECIALTY

Out-of-Town Orders
....Solicited....

Jag A. Hubbs, Proprietor
White Wagons. Albuquerque, N. M.

Twenty-fifth New Mexico Territorial Fair.....

W. H. GREER
President

*Get on the Trail
that leads to
Albuquerque---
September 18-23
inclusive, 1905*

D. K. B. SELLERS
Secretary

*The Biggest Stock
Show ever held in
the Southwest.....*

W. Y. WALTON

DRUGGIST

Prescriptions
a Specialty



COR. R. R. AVE. & THIRD ST

DEAR DOCTOR:

We believe in co-operation between Physician and Druggist, and can point with pardonable pride to our rapidly increasing business relations with the Medical Fraternity.

We carry the largest and most complete stock of Drugs, Druggists' Sundries and Physicians' Supplies between Denver and Los Angeles, and can furnish you with everything your practice may require—except surgical instruments.

Our stocks of Lee's, Johnson & Johnson's, Bauer & Black's and Seabury & Johnson's Antiseptic Dressings are complete, as are our stocks of Parke, Davis & Co., John Wyeth & Bros., Sharpe & Dohme, Mulford's and Nelson & Baker's products; also Squibb's and Muck's Chemicals, and we can save you all unnecessary delays incident to your ordering in the bigger markets, as we send out all mail orders the same day we receive them.

We invite you, when visiting Albuquerque, to make our store your headquarters.

Truthfully Yours,

J. H. O'RIELLY COMPANY,

Druggists,

Albuquerque, N. M.

S. VANN & SON

The Central

Drug Store

Albuquerque, New Mex

We have a complete new stock of Drugs---no old stuff, and no substitutes. ☞ Mail Orders Solicited

O. A.
Matson
& Co.

*Dealers in Fine Stationery, Office Supplies
Legal Blanks, all the latest copyright Books
Eastman Kodaks and Photographic Supplies
Looney's and Huyler's Candies. ☞ We do
developing and printing for the amateur
photographer. ☞ Mail orders promptly filled*

202 West
Railroad

ALBUQUERQUE
NEW MEXICO

B. H. BRIGGS & CO

Proprietors Alvarado Pharmacy

First Street & Gold Ave., Albuquerque

WE CARRY a complete line of Physicians' Supplies and Surgical Dressings of all standard manufacturers. ¶ Our Drugs and Chemicals are purchased from the most reputable houses only—no cheap drugs. ¶ Three registered pharmacists comprise our prescription force, and every possible precaution is practiced to prevent errors in compounding and dispensing. ¶ Mail Orders solicited and filled the same day that they are received.

B. H. BRIGGS & CO., Progressive Druggists.

St. Joseph's Sanitarium

*Conducted
by the
Sisters of
Charity of
Mount
St. Joseph
Ohio*

*Special
Attention
is
Given
to all
Tubercular
Patients*

Rates and Further Information Given on Application

ALBUQUERQUE,

NEW MEXICO